

DATE 07/24/2023 DOCUMENT ID 202320501058

DESCRIPTION FOREIGN FOR PROFIT CORPORATION -LICENSE (FLF)

FILING 99.00

EXPED 0.00

CERT COPY 0.00

0.00

Receipt

This is not a bill. Please do not remit payment.

JOBY AERO, INC. 333 ENCINAL ST. SANTA CRUZ. CA 95060

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 5084737

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

JOBY AERO, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

FOREIGN FOR PROFIT CORPORATION - LICENSE

Effective Date: 07/21/2023

202320501058

Authorization to transact business in Ohio is hereby given, until surrender, expiration or cancellation of this license.



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of July, A.D. 2023.

Fol flee

Ohio Secretary of State

Form 530A Prescribed by:



For screen readers, follow instructions located at this path.

Toll Free: 877,767,3453 Central Ohio: 614.466.3910

OhioSoS.goy

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedita) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

	Filing Fee: (151-FLF	·) ————————————————————————————————————
	Form Must Be	Typed
he application is made to procure a	▼ Permanent License	Temporary License (valid for six mon

	Attach Certificate of G	iood Stand	ing from th	e Jurisdictio	on of formation (se	e instructions)
	poration (name must match the Certificate of Good	JOBY AEF	RO, INC.			
	ame under which the corporat					
(Must attacl	n "Resolution of Foreign Corpo	oration to Q	tualify Under	· An Assume	ed Name" Form 591)
	aws of the Jurisdiction of of of Formation)		DE (JSA	·	
(Julisticioi	or Formation)		L	Country		
					\neg	
Date of Inco	orporation in Jurisdiction of Fo	rmation	07/23/2010			
The location	of the principal office is:		Date of Inc	orporation		
	333 ENCINAL STREET					
	Mailing Address					
	SANTA CRUZ		·	CA	USA	95060
	City			State	Country	ZIP Code
le de a a de ais		-:	_ !; :-		•	2.11 0000
If the princil	oal office is located outside Of	nio, provide	a location in	Onio, it one	e exists.	
	1251 W. Blee Rd.,					
	Mailing Address					
	Springfield				ОН	45502
	City				State	ZIP Code
A brief sum	mary of the corporate purpose	e(s) to be ex	kercised with	nin Ohio		
	Government Affairs meeting	office for av	viation comp	any.		

Appointment of Agent					
•	by appoints the following as its statuto	ory agent upon whom proc	ess against	the	
rporation may be s	served in Ohio.				
Corporation Service Company					
Agent Name		·			
3366 Riverside Dri	ve, Suite 103				
Mailing Address					
Jpper Arlington			Ohio	43221	
City			State	ZIP Code	
	ove irrevocably consents to service of prity of the agent continues, and to sen an agent is not appointed, or an agent is appointed but the au the agent cannot be found or ser	vice of process upon the o	Ohio Secreta been revok	ry of State if:	
the applicatio	Ohio Revised Code 1703.29(A), a foreign is being made to enable the corporate or Instructions for more information.				
☐ Yes, the	application is being filed for this purp	ose and the additional \$2	50 fee is incl	uded with the filing fee.	
⊠ No, the	corporation is not filing for this purpos	e and an additional fee is	not included		
2009 without corporation h	Ohio Revised Code 1703.29 (B), a fore a license may be required to provide a as paid all franchise taxes which it sho	a certificate from the tax could have paid had it quali	ommissioner fied to do bu	which states that the siness in this state.	
☐ Yes, th	ne Certificate of Tax Clearance from th	e tax commissioner is atta	ached.		

Matthew Field Name of Officer	, being first duly sworn, deposes and says that he/she is the
CFO	of Joby Aero, Inc.
Officer Title	Corporation
the corporation described in the foregoing appliand correct to best of my knowledge and belief	ication, and that the statements contained in said application are true
Name Matthew Field	
Signature	
State of California County of Santa Cruz	
Sworn to or affirmed and subscribed before me by	Maggie Hayes Name of person making oath or affirmation
on this date NOTARY SEAL	05/12/2023 Today's Date (MM/DD/YYYY)
MAGGIE H. HAYES COMM # 2394042 Z Santa Cruz County County Coulfornia Notary Public Comm Exp Feb. 15, 2026	Notary Public's Signature 0 2/15/202\ Expiration Date of Notary's Commission (MM/DD/YYYY)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

1900-00-00-00-00-00-00-00-00-00-00-00-00-	ENDOCUMINATOR PROGRAMMA NA SECULIA
A notary public or other officer completing this certificat to which this certificate is attached, and not the truthfu	te verifies only the identity of the individual who signed the document ulness, accuracy, or validity of that document.
State of California County ofCanta Oruz	}
County of	
On May 12, 2023 before me,	Maggie H. Hayes, Notary Public
Date Mallhard Fiel	Magnic H. Hayes, Notary Public
personally appeared	Name(s) of Signer(s)
	e that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity ed the instrument.
	I certify under PENALTY OF PERJURY under the
100	laws of the State of California that the foregoing
MAGGIE H. HAYES :	paragraph is true and correct.
Santa Cruz County	WITNESS my hand and official seal.
California Notary Public Comm Exp Feb. 15, 2026	
	Signature 1 .4 mes
Place Notary Seal and/or Stamp Above	Signature of Notary Public
	OPTIONAL -
	can deter alteration of the document or this form to an unintended document.
Description of Attached Document	
Title or Type of Document:	orporation Kegistration
Document Date: May 12, 2023	Number of Pages: 6
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name: Mithew Field	Signer's Name:

Signer is Representing:

□ Individual

□ Trustee

□ Other: _

☐ Corporate Officer – Title(s): _

□ Partner – □ Limited □ General

Attorney in Fact

☐ Guardian or Conservator

Signer is Representing: _

□ Partner – □ Limited □ General

□ Attorney in Fact

☐ Guardian or Conservator

□ Individual

□ Trustee

□ Other: .

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOBY AERO, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOBY AERO, INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

a at corp delaware gov/auti

Authentication: 203784964

Date: 07-20-23